Texas A&M University- Corpus Christi

Print Form

Business Meal Form

Preferred Method of Payment is the Procurement Card

	Please select one. Form must be completed	l, approved, and have itemized receipts attached.
Date of Event:	P.O Number:	Amount:
Date of Event.	If applicable:	Amount
Restaurant or Establishmo	ent Name:	Method of Payment:
Name of person that paic If applicable:	l for meal:	Account No:
Name of Employee who I	nitiated the Transaction (if other than the	cardholder):
	(Use object code 6338 - Off Campus Staff N No (If Vice President is in attendance, anoth	f campus and the majority of the attendees were university employees? Meeting) requires Vice President's approval below. Yes mer Vice President not attending can sign) d? Requires Vice President's approval below: Yes No
	Approved:	Date:
If TAMUCC employee(s) is/are meeting with a group of outside attendees, then Vice President Approval is not required. (Use object code 6340- Business Meals) Food purchased from an off-site location and brought onto campus for a working lunch does not require VP approval (Use object code 6339) Requires pre approval from University Services (Exemption Form for Food Service on Campus) Were Alcoholic beverages consumed: Yes No Amount: Use object code 6341- must be listed separately See Food Entertainment and Official Occasions Chart for accounts that may be used to pay for alcohol, food and tips. (NOTE: Tips if reimbursable, are limited to a maximum of 20% of total bill.) Expenditures for meals with spouses is not normally appropriate except for special functions and occasions that require their attendance to conduct business. Approval by the Vice President should be received in advance for meals with spouses. Approved: Date: Date: List Participants and Title/ Employer/ Employee Spouse (Attach additional sheet if necessary)		
1.		2.
3.		4.
5.		6.
7.		8.
9.		10.
Benefit and Purpose of Meal:		
Itemized Receipt Attached.	Receipt attached but not itemized (Must att must indicate amount of alcohol purchase	tach signed statement certifying that an itemized receipt was not available. Statement d if applicable.
lo	ertify that the expenses were business related	d and are true, correct and have not been reimbursed.
Signature:	Print Name:	Date:

Submit Business Meal Form and original receipts with credit card statement or other payment method.